

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

**Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
**or Fax (571)-273-2885**

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All future correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

140 7590 12/31/2007

**LADAS & PARRY**  
**26 WEST 61ST STREET**  
**NEW YORK, NY 10023**

03/26/2008 HDESTA2 00000034 10706299

01 FC:1501 1440.00 OP  
 02 FC:1504 300.00 OP

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

**CLIFFORD J. MASS** (Depositor's name)  
 (Signature)  
**MARCH 24, 2008** (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/706,299	11/11/2003	Assaf Govari	U 014946-4	5768

TITLE OF INVENTION: EXTERNALLY APPLIED RF FOR PULMONARY VEIN ISOLATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	03/31/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
VRETTAKOS, PETER J	3739	606-032000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 \_\_\_\_\_  
 2 **LADAS & PARRY LLP**  
 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**BIOSENSE WEBSTER INC.**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**DIAMOND BAR, CALIFORNIA**

**Recorded 8/26/04**  
**Reel 015731**  
**Frame 0247**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☒ A check is enclosed. **\$1,740.00 (check enc.)**  
☐ Payment by credit card. Form PTO-2038 is attached.  
☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature \_\_\_\_\_

Typed or printed name **CLIFFORD J. MASS**Date **MARCH 24, 2008**Registration No. **30086**

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Practitioner's Docket No. U 014946-4

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: **Assaf GOVARI, et al.**  
Serial No.: 10/706,299  
Filed: November 11, 2003  
Group No.: 3739  
Examiner: P.J. Vrettakos  
Confirmation No. 5768

For: **EXTERNALLY APPLIED RF FOR PULMONARY VEIN ISOLATION**

**Mail Stop Issue Fees**  
**Commissioner for Patents**  
**P. O. Box 1450**  
**Alexandria, VA 22313-1450**

**TRANSMITTAL OF PAYMENT OF ISSUE FEE (37 C.F.R. 1.311)**

**NOTE:** *Submission of a Transmittal of Payment of Issue Fee after issuance of the Notice of Allowance in an application does not result in a reduction in patent term adjustment under 37 C.F.R. § 1.704(c)(10). See Notice of May 29, 2001, 1247 OG 111-112, June 6, 2001.*

1. Applicant hereby pays the issue fee for the attached Issue Fee Transmittal PTOL-85.

**NOTE:** *37 C.F.R. § 1.27(g): "(1) New determination of entitlement to small entity status is needed when issue and maintenance fees are due. Once status as a small entity has been established in an application or patent, fees as a small entity may thereafter be paid in that application or patent without regard to a change in status until the issue fee is due or any maintenance fee is due.*

*(2) Notification of loss of entitlement to small entity status is required when issue and maintenance fees are due. Notification of a loss of entitlement to small entity status must be filed in the application or patent prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity as defined in paragraph (a) of this section is no longer appropriate. The notification that small entity status is no longer appropriate must be signed by a party identified in § 1.33(b). Payment of a fee in other than the small entity amount is not sufficient notification that small entity status is no longer appropriate."*

**CERTIFICATION UNDER 37 C.F.R. 1.8(a) and 1.10\***

*(When using Express Mail, the Express Mail label number is mandatory;  
Express Mail certification is optional.)*

I hereby certify that, on the date shown below, this correspondence is being:

**MAILING**

☒ deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

**37 C.F.R. 1.8(a)**

☒ with sufficient postage as first class mail.

**37 C.F.R. 1.10\***

☐ as "Express Mail Post Office to Address"  
Mailing Label No. \_\_\_\_\_ (mandatory)

**TRANSMISSION**

☐ transmitted by facsimile to the Patent and Trademark Office. to (571) 273-8300

Date: March 24, 2008

Signature

CLIFFORD J. MASS

(type of print name of person certifying)

*\* Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.*

2. Applicant

- A. Asserted small entity status in this application by
- ☐ payment of the basic filing or national fee as a small entity (37 C.F.R. § 1.27(c)(3)) or
  - ☐ prior submission of a Written Assertion or Statement of Small Entity Status (37 C.F.R. § 1.27(c)(1))

It is confirmed that small entity status for this application has been checked, is still in effect and is being asserted.

- ☐ A WRITTEN ASSERTION OR STATEMENT OF SMALL ENTITY STATUS signed by an appropriate party as required by 37 C.F.R. § 1.27 is attached.

**WARNING:** "Payment of a fee in other than the small entity amount is not sufficient notification that small entity status is no longer appropriate." 37 C.F.R. § 1.27(g)(2).

(complete the following, as applicable)

- B. ☐ Applicant hereby notifies the Office, in accordance with the requirements of 37 C.F.R. § 1.27(g)(2), that it no longer has status as a small entity.

- ☐ A "NOTIFICATION OF LOSS OF STATUS AS SMALL ENTITY" signed by an appropriate party is attached.

- ☒ Applicant has not asserted small entity status.

3. Fee (37 C.F.R. 1.18(a) and (b)):

Application status is:

	<u>Regular</u>	<u>Design</u>
small business entity—fee	<input type="checkbox"/> \$ 720.00	<input type="checkbox"/> \$410.00
other than a small entity—fee	<input checked="" type="checkbox"/> \$1,440.00	<input type="checkbox"/> \$820.00
Publication Fee	<input checked="" type="checkbox"/> \$ 300.00	

4. Payment of fee:

- ☒ Enclosed please find check for \$1,740.00.
- ☒ Charge Account 12-0425 for any fee deficiency or credit overpayment.
- ☐ Charge Account \_\_\_\_\_ the sum of \$ \_\_\_\_\_  
A duplicate of this request is attached.

Reg. No.: 30086

Tel. No.: (212) 708-1890

Customer No.: 00140

SIGNATURE OF PRACTITIONER

CLIFFORD J. MASS

(type or print name of practitioner)

P.O. Address

c/o Ladas & Parry LLP  
26 West 61<sup>st</sup> Street  
New York, N.Y. 10023